## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: ROSEWOOD ADULT FAMILY HOME (0011329)

Address: 215 FIFTH ST NW, CLEAR LAKE, WI 54005

License Status: REGULAR

Licensed/Certified/Registered 02/02/2006

Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

## **Survey History**

Survey ID: 0096302 End Date: 02/02/2006 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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